

## UNITED STATES DEPARTMENT OF COMMERCE Patent and Trademark Office

## NOTICE OF ALLOWANCE AND ISSUE FEE DUE

HM32/0128

DAVID P LHOTA
MALIN HALEY DIMAGGIO & CROSBY
ONE EAST BROWARD BOULEVARD
SUITE 1609
FORT LAUDERDALE FL 33301

‡ APPLI	CATION NO	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT		DATE MAILED
	08/872,088	06/10/97	023	CHIN, C	1641	09/28/99
First Named Applicant	CARROLL,		PATE	SICK		<u> </u>

TITLE OF INVENTION DIAGNOSTIC SANITARY TEST STRIP

ATTY'S DOCKET NO.	;CLASS-SUBCLASS	BATCH NO.	APPL	N. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 9186.7804	436-5	514.000	C25	UTILI	TY YES	\$605.00	12/28/99

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HM32/0128

DAVID P LHOTA MALIN HALEY DIMAGGIO & CROSBY ONE EAST BROWARD BOULEVARD **SUITE 1609** FORT LAUDERDALE FL 33301

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 (Depositor's name)
 (Signature)

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First Named Applicant	CARROLL,	· · · · · ·	PAT	TRICK	·		

INVENTION DIAGNOSTIC SANITARY TEST STRIP

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1 9186.	7804 43	86-514.	000 C	25 UTI	LI	TY YES	\$605.00	12/28/99
Use of PTO form(s) and  Change of correspond PTO/SB/122) attached.  "Fee Address" indicati	ce address or indication of " Customer Number are recor lence address (or Change o on (or "Fee Address" Indicat RESIDENCE DATA TO BE	nmended, but f Corresponde tion form PTO	ing on the patent front page, list nes of up to 3 registered patent or agents OR, alternatively, (2) of a single firm (having as a registered attorney or agent) mes of up to 2 registered patent or agents. If no name is listed, no ne printed.  4a. The following fees are enclosed (make check payable to Commissioner					
Inclusion of assignee da	an assignee is identified bet ta is only appropiate when a mitted under separate cover	ın assignment	usly submitted to	of Patents and Trademarks):				
Please check the approp	& STATE OR COUNTRY)  riate assignee category indi  riporation or other private gr		on the patent)	4b. The following fees or deficiency in these fees should be charged to:  DEPOSIT ACCOUNT NUMBER				
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(Authorized Signature)			(Date	9)				
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